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Attorney Docket Number **DECLARATION FOR** First Named Inventor Jefferson L. Patric **UTILITY OR DESIGN** COMPLETE IF KNOWN PATENT APPLICATION Application Number Filing Date □ Declaration □ Declaration Submitted OR Submitted after **Group Art Unit** with Initial Initial Filing Filing Examiner Name

										
As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the Invention entitled:										
BOAT CARRYII	NG RACK FOR	R USE ON TRA	NSPORTI	NG VEHICLES						
the specification of which (Title of the Invention)										
is attached hereto										
was filed on (MM/DE	omm[as U	nited States Appli	cation Number or PCT International						
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.										
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing t	Date Priority Y) Not Claime	Certified Copy Attached?						
			00000	000000						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.										
Application Number(s)	per Title 35, United State	es Code § 119(e) of any U	nited States provis	sional application(s) listed below.						
60/463,815	50 (460 015			Additional provisional application						
, 100,010	04/1	8/2003	numt suppl	numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (3-97)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
	ent Application PCT Parent Number Number				Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)						
											-			
				tion numbers a										
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Customer Number** 41386** **Place Customer**														
OR					·	name/registration number listed below					Number Bar Code Label here			
Name			Registration Number		, marina	Name			2 5010	Registration Number				
				18961										
Joseph H. Beumer 18961				•										
					·									
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.														
Direct all correspondence to: X Customer Number or Bar Code Label								OR Correspondence address below						
Name		Joseph H. Beumer												
Address		555 Sparkman Drive												
Address		Suite 1602 D												
City		Huntsville .				s	tate AL ZIP 3				358	5816		
Country		USA		Telepho	ne (25	6)8	95-8	3339		Fax	(25	56)895-	8339	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole or First Inventor:														
Given Name (first and middle [if any])					Family Name or Surname									
Jefferson L.						Patrick								
Inventor's Signature		Uffers	و سا	•	trick							Date	4/16/04	
Residence: (City	Shinns	ston	State	West Virgi	nią	Country	U	SA			Citizenship	USA	
Post Office Address Rt. 2, Box 971														
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City		Shinns	t oglate	West ^{Vi} r	ia zu	,	2643	1		Cour	ntry	USA	······	
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto														